

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | TD       |        | 8/25/00 |
| O.I.P.E. CLASSIFIER       |          | 12     | 9/5     |
| FORMALITY REVIEW          |          | 65918  | 10-5-00 |
| RESPONSE FORMALITY REVIEW |          |        | 1/14/01 |
|                           |          |        |         |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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